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U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/518,950	Barry Peter Liversidge	1926-00102

INTERNATIONAL APPLICATION NO.

PCT/GB03/02689

I.A. FILING DATE	PRIORITY DATE
06/23/2003	06/22/2002

Andrus Sceales Starke & Sawall
 100 East Wisconsin Avenue, Suite 1100
 Milwaukee, WI 53202-4178

CONFIRMATION NO. 5292

371 FORMALITIES LETTER



OC000000016087529

Date Mailed: 05/23/2005

NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Indication of Small Entity Status
- Copy of the International Application filed on 12/17/2004
- Copy of the International Search Report filed on 12/17/2004
- Preliminary Amendments filed on 12/17/2004
- Small Entity Statement filed on 12/17/2004
- U.S. Basic National Fees filed on 12/17/2004
- Priority Documents filed on 12/17/2004

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- \$65 Surcharge for providing the oath or declaration later than 30 months from the priority date (37 CFR 1.492(e)) is required.

SUMMARY OF FEES DUE:

Total additional fees required for this application is \$65 for a Small Entity:

- \$65 Late-oath or declaration Surcharge.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

WINSTON M ALVARADO

Telephone: (703) 308-9140 EXT 206

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/518,950	PCT/GB03/02689	1926-00102

FORM PCT/DO/EO/905 (371 Formalities Notice)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/518,950) CERTIFICATE OF EXPRESS MAILING
Applicant : Barry Peter Liversidge) I hereby certify that this correspondence is
) being deposited with the United States
Filed : December 17, 2004) Postal Service with sufficient postage as
Title : Medical Needle) Express Mail in an envelope addressed to:
Assemblies) Commissioner of Patents, P.O. Box 1450,
) Alexandria, VA 22313-1450, on this 29th
TC/A.U. :) day of June, 2005. The Express Mail
Examiner :) Label is EV415012417US.
Conf. No. : 5292)
Docket No. : 1926-00102) Dorothy A. Hauser June 29, 2005
) Date

TRANSMISSION OF EXECUTED DECLARATION

Mail Stop: PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the "Notification of Missing Requirements Under 35 USC in the United States Designated/Elected Office (DO/EO/US)", mailed May 23, 2005, copy attached, enclosed for filing in the above application is the executed Declaration.

A check in the amount of \$65.00 is attached for the surcharge.

The Commissioner is hereby authorized to charge any additional fees in accordance with 37 C.F.R. 1.16(e) to Deposit Account No. 01.2000. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

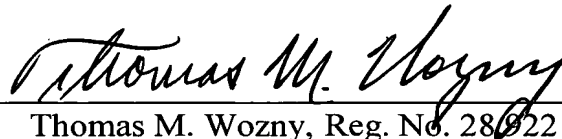
07/05/2005 LLANDGRA 00000069 10518950

01 FC:2617

65.00 OP

ANDRUS, SCEALES, STARKE & SAWALL, LLP

By


Thomas M. Wozny, Reg. No. 28922

Andrus, Scales, Starke & Sawall, LLP
100 East Wisconsin Avenue, Suite 1100
Milwaukee, WI 53202
Telephone: (414) 271-7590
Facsimile: (414) 271-5770

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005**Complete if Known**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**\$65.00**

Application Number	10/518,950
Filing Date	December 17, 2004
First Named Inventor	Barry Peter Liversidge
Examiner Name	
Art Unit	
Attorney Docket No.	1926-00102

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Scales, Starke & Sawall, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 = 0	x	\$0.00	= \$0.00		\$0.00	\$0.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 = 0	x	\$0.00	= \$0.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		\$0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Surcharge for Missing Part (Executed Declaration)

Fees Paid (\$)

\$65.00

SUBMITTED BY

Signature	<i>Thomas M. Wozny</i>	Registration No. (Attorney/Agent) 28,922	Telephone 414-271-7590
Name (Print/Type)	Thomas M. Wozny	Date June 29, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/518,950
	Filing Date	December 17, 2004
	First Named Inventor	Barry Peter Liversidge
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	1926-00102

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 5px;">Return Receipt Postcard</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Andrus, Scales, Starke & Sawall, LLP		
Signature			
Printed name	Thomas M. Wozny		
Date	June 29, 2005	Reg. No.	28,922

CERTIFICATE OF EXPRESS MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as express mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: The Express Mail Label is EV415012417US.			
Signature			
Typed or printed name	Dorothy A. Hauser	Date	June 29, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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